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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c) or (j))	5 - 20* =	0	x \$ 18.00 =	\$0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	5 - 3** =	2	x \$ 84.00 =	\$160.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) ----- [0]			x \$280.00 =	\$0.00
				BASIC FEE (37 CFR 1.16)	\$740.00
				Total of above Calculations =	\$900.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.27).				\$0.00
	* Reissue claims in excess of 20 and over original patent.			TOTAL =	\$900.00
	** Reissue independent claims over original patent.				

6.  Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No.04 - 1928:
- Fees required under 37 CFR 1.16.
  - Fees required under 37 CFR 1.17.
  - Fees required under 37 CFR 1.18.
8.  A check in the amount of \$ \_\_\_\_\_ is enclosed.
9.  Payment by credit card. Form PTO-2038 is attached.
10.  Applicant requests suspension of action under 37 CFR 1.103(b) for a period of \_\_\_\_\_ months (not to exceed 3 months) and the fee under 37 CFR 1.17(l) is enclosed.
11.  New Attorney Docket Number, if desired  
[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]
12. a.  Receipt For Facsimile Transmitted CPA (PTO/SB/29A)  
b.  Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13.  Other: Petition for 3 month extension of time, Fee Sheet, Postcard

**NOTE:** The prior application's correspondence address will carry over to this CPA  
UNLESS a new correspondence address is provided below.

**14. NEW CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	*23906*	<input type="checkbox"/> New correspondence address below
23906 PATENT TRADEMARK OFFICE		or
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

**13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

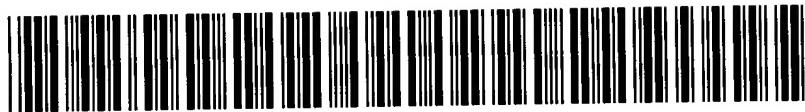
Name (Print /Type) Lynne M. Christenbury

Signature *Lynne M. Christenbury*

Registration No. (Attorney/Agent) 30,971

Date Sept. 23, 2002

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Remarks:

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